

## VIII. ABUSE SCREEN

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Reports physical or psychological abuse ☒ No ☐ Yes Unexplained injury ☒ No ☐ YesSuspicious bruises or markings ☒ No ☐ Yes Appears neglected (☒ No ☐ Yes)If yes to any criteria, notify ☐ physician, ☐ social worker and document in progress notes.

## IX. DISCHARGE PLANNING Patient will need referral for:

☐ Home Care ☐ Nursing Facility ☐ Rehab ☐ Other \_\_\_\_\_

Family / Significant Other to Notify in Case of Emergency

Name: Larry SchoolcraftRelationship: FatherPhone: 957-2486Address: 196 County Highway 107 Johnstown NY 12095

## X. PATIENT BILL OF RIGHTS

☒ Provided a booklet, *Your Rights as a Hospital Patient in New York State*, which includes the following information:

- Patient's Bill of Rights
- An Important Message Regarding Your Rights as a Hospital Patient
- Important Message from Medicare
- Planning in Advance for Your Medical Treatment (Advance
- Deciding about CPR: (DNR) Orders - A Guide for Patients
- Letter from the New York State Department (Re: SPARCS)

SCHOOLCRAFT, ADRIAN  
 MIR: 1298984  
 DOB: 1975 34Y M  
 ADM: 11/03/2009 19:00 03MH9HAL 01  
 HOVANESIAN, SHUSHAN  
 PT#: 130381874  
 FIC: 19 S

## XI. ADVANCED DIRECTIVES

☒ NO☐ Provided assistance in formulating Advanced directive☒ Patient does not wish further information☐ YES

If yes, indicate type?

☐ Health Care Proxy☐ Do Not Resuscitate☐ Living Will☐ Durable Power of AttorneyIs copy placed on chart? ☐ YES ☐ NO

If No, when will copy be placed? \_\_\_\_\_

## XII. NURSING DIAGNOSIS/PROBLEMS:

A/E thought process. Sec A/E feeding state as evidenced by paranoia, fear and suspiciousness.

## XIII. EXPECTED OUTCOMES: Indicate Goals for Discharge

Pt will comply with his medication Regime.  
 Pt will attend unit group and activities. Pt will identify his strengths and support systems.

DATE 11/3/09

PRINT NAME SHARON BARBER

SIGNATURE Sharon BarberRN  
TITLE

**JAMAICA HOSPITAL  
MEDICAL CENTER  
DEPARTMENT OF PSYCHIATRY**

**CREATIVE ARTS THERAPY ASSESSMENT**

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 1/1975 34Y M

F/C: 19 S

ADM: 11/03/2009 15:00 03MHGHAL 01

UOLIANESIAN OUTPATIENT

Functional Skill Area	Good	Average	Poor	Behavioral Example (if applicable)
Motivation				PT has not attended group since admission. Not enough contact to assess.
Follows Directions				
Plans/Organizes				
Problem Solving				
Works Independently				
Frustration Tolerance				
Concentration				
Making Decisions				
Meeting New People				
Being Assertive				
Relatedness				
Accepting Responsibility				
Accepting Feedback				
Impulse Control				
Reality Testing				
Self-Awareness				
Express-ability				
Strengths/Assets:				
Weaknesses:				
Preferred Modality: (e.g.: Verbal, Art, Movement etc.)				
Goals:				
Recommendations:				

Signature: *Gabriela Portas* MACAT-Limited Date: 11/6/09  
 Print/Stamp name & title: GABRIELA PORTAS, MACAT-Limited Agent



**JAMAICA HOSPITAL  
MEDICAL CENTER**

DEPARTMENT OF NURSING

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: 1/15/75 34Y  
ADM:11/01/2009 182B 130381874 09  
ALDANA-BERNIER, LILIAN R PSYC

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### FALL RISK ASSESSMENT

**DIRECTIONS:** Use the following assessment tool to identify patients at risk for falls. Circle the score for each risk factor which applies to your patient. Patients with a score of 5 or more must be placed on the fall prevention program (Spot the Dot). Risk factors along with Process Standards must be incorporated in the Patient Care Plan.

RISK FACTORS	PROCESS STANDARDS	SCORE
1. Age	1. Assess age changes related to functional status (over 65 years old)	5
2. History of previous Falls	1. Ascertain from patient and family previous fall patterns and initiate Spot the Dot Program as necessary. 2. Discuss activity limitations with patient and family. 3. Provide safe environment - Call light within reach - Bed in low position - Bed wheels locked - Side rails up - Night light or bathroom light on	10
3. Mental Status - Dementia - Psychoses - Delirium Tremens - Seizures	1. Assess patient's mental status - Orientation - Memory - Judgment - Behavior 2. Assess needs for restraints. 3. Assess need for placing patient in room near nurses' station. 4. Assess need for companion supervision.	10
4. Debilitation/weakness/cachexia	1. Assess patient's self-care ability. 2. Assess patient's ability to turn, pull and move about freely. 3. Arrange furniture/equipment to provide safe environment.	10
5. Mobility Deficits - Hemiparesis - Paraparesis - Hemiplegia - Paraplegia - Ataxia - Use of prosthetic devices - Use of cane/crutches - Amputee - Parkinson's disease	1. Assess patient's ambulatory status; have patient demonstrate walking. 2. Provide safe environment: - Maintain bed in low position with breaks locked. - Keep side rails in operable and within reach. - Place assistive devices and necessary equipment within reach while maintaining safe environment. - Have patient wear appropriate footwear when ambulating. - Utilize night light.	25

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- |   |  |                            |
|---|--|----------------------------|
| <p>6. Communication Deficits</p> <ul style="list-style-type: none"> <li>- Dysarthria</li> <li>- Aphagia</li> <li>- No verbalization</li> <li>- Language barrier</li> </ul>  | <p>1. Assess patient's communication status.</p> <p>2. Establish effective mode of communication.</p> <p>3. Provide interpreter where needed.</p> <p>4. Make patient rounds q 1-2 hours as needed.</p>   | <p>1</p>                   |
| <p>7. Visual Deficits</p> <ul style="list-style-type: none"> <li>- Blindness</li> <li>- Blurred vision</li> <li>- Night blindness</li> <li>- Post-op eye surgery</li> <li>- Use of eye glasses/contact lenses</li> </ul>  | <p>1. Assess vision.</p> <p>2. Check effectiveness of eye glasses.</p> <p>3. Sign in room indicating sensory deficit.</p> <p>4. Instruct patient to call for assistance as necessary.</p>  | <p>1</p> <p>5</p> <p>1</p> |
| <p>8. Medications</p> <ul style="list-style-type: none"> <li>- Barbiturates</li> <li>- Tranquilizers</li> <li>- Pain meds</li> <li>- Hypnotics</li> <li>- Anesthetics</li> <li>- Antihypertensives</li> <li>- Diuretics</li> <li>- Laxatives</li> <li>- Eye gtt's.</li> </ul> | <p>1. Evaluate patient's medications/dosages, regimen and side effect potential.</p> <p>2. Alert patient to possible side effects and instruct patient to call for the nurse should any side effect be experienced.</p> <p>3. Closely observe all post-operative patients for anesthesia side effects and observe patient's mobility.</p> <p>4. Plan toileting schedule.</p> | <p>5</p> <p>1</p>          |
| <p>9. Alteration in bladder function</p>  | <p>1. Assess patient's present elimination patterns<br/>Note urgency, nocturia frequency.</p> <p>2. Plan toileting schedule if indicated.</p> <p>3. Assess need for assistive devices such as commode or Texas catheter.</p> <p>4. Instruct patient to call for help as needed.</p> <p>Note: Rehabilitation patients</p>   | <p>1</p> <p>1</p>          |
| <p>10. Auditory Deficits</p>  | <p>1. Assess patient's ability to hear.</p> <p>2. Check effectiveness of hearing aid/batteries.</p> <p>3. Determine tone and volume necessary for communication.</p> <p>4. Place sign in room indicating sensory deficit.</p>  | <p>1</p>                   |
| <p>11. Orthostasis/Hypotension</p> <ul style="list-style-type: none"> <li>- Menier's Syndrome</li> <li>- Syncope episodes</li> <li>- Vertigo</li> </ul>   | <p>1. Assess prior history of fluctuations in blood pressure on position change.</p> <p>2. Instruct patient in the importance of making position changes slowly to avoid dizziness/lightheadedness</p>   | <p>1</p>                   |

DATE: 11/1/09

SIGNATURE: 

Original: P &amp; P / EP 8/89

Revised: NCCIC &amp; P &amp; P COMMITTEE / ST 4/92

ROUTE TO NURSING OFFICE UPON DISCHARGE

P55

Form CMH (2-01-01) (2-01-01)

New York  
Mental Health**NOTICE OF STATUS AND RIGHTS  
EMERGENCY ADMISSION**(to be given to the patient at the time of  
admission to the hospital)

Section 9.29 Mental Hygiene Law

SCHOOLCRAFT, ADRIAN

PT#: 130381874

MR: 1298984

DOB: 1/18/78 34Y M

ADM: 1/10/2009 16:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

FIC: 19 S

Date of Birth

Facility Name

Date of Arrival  
at Hospital

Adm. Sec. I

TO: Schoolcraft, Adrian

Based upon an examination by a staff physician, you have been admitted as an emergency-status patient to this hospital for persons with mental illness for immediate observation, care and treatment. Within 48 hours of the time of your admission, you will be examined by another physician, who is a member of the psychiatric staff of this hospital. If he or she confirms the first physician's findings, you may then be kept in the hospital for a period of up to 15 days from the date of your arrival. During this 15 day period you may be released, converted to involuntary status, or asked to remain as a voluntary or informal patient.

You, and anyone acting on your behalf, should feel free to ask hospital staff about your condition, your status and rights under the Mental Hygiene Law, and the rules and regulations of this hospital.

If you, or those acting on your behalf, believe that you do not need immediate observation, care and treatment, you or they may make a written request for a court hearing. Copies of such a request will be forwarded by the hospital director to the appropriate court and the Mental Hygiene Legal Service.

**MENTAL HYGIENE LEGAL SERVICE**

The Mental Hygiene Legal Service, a court agency independent of this hospital, can provide you and your family with protective legal services, advice and assistance, including representation, with regard to your hospitalization. You are entitled to be informed of your rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the Service or by requesting hospital staff to make such arrangements for you.

The Mental Hygiene Legal Service representative for this hospital may be reached at:

**MENTAL HEALTH LEGAL SERVICES  
CREEDMOOR PSYCHIATRIC CENTER  
80-45 WINCHESTER BOULEVARD  
QUEENS VILLAGE, NY 11247  
TELEPHONE NUMBER (718) 264-3342**

THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.

Signature of Staff Physician

COPIES TO: Persons designated by patient to be informed of admission. (If None, app in "Notes")

A copy of this Notice of Status and Rights is also being sent to the Mental Hygiene Legal Service.  
State and Federal Laws prohibit discrimination based on race, color, creed, national origin, age, sex, or disability.

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Form CMH-40A (Rev. 1-83)

State of New York  
OFFICE OF MENTAL HEALTH**NOTIFICACION DE ESTADO LEGAL Y DERECHOS  
INGRESO DE EMERGENCIA**

(Para ser entregada al paciente al momento del ingreso al hospital)

Sección 9.39 de la Ley de Higiene Mental

Nombre del paciente (Apellido, Nombre, Inicial)		Examinador clínico							
Nombre del segundo miembro									
Fecha de admisión		Fecha de admisión							
Nombre de la institución		Unidad Psiquiátrica/Cuadro No.							
Fecha de ingreso al hospital		<table border="1"> <tr> <td>Horas</td> <td>Min</td> <td>Seg</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		Horas	Min	Seg			
Horas	Min	Seg							

A:

Basado en los exámenes de un médico de este hospital, usted ha sido admitido como paciente con estado legal de emergencia a este hospital para personas con enfermedades mentales, para observación, cuidado y tratamiento inmediatos. Dentro de 48 horas a partir del momento del ingreso, usted será examinado por otro médico miembro del departamento psiquiátrico de este hospital. Si se confirman los informes del primer médico, usted permanecerá internado en el hospital por un período de hasta 15 días a partir de su llegada. Durante este período de 15 días usted puede ser dado de alta, cambiado a estado legal involuntario o permanecer internado como paciente voluntario o informal.

Usted y cualquiera que actúe en representación suya están en libertad de preguntar al personal del hospital acerca de su condición, su estado legal y derechos bajo la ley de higiene mental y las normas y reglamentos de este hospital.

Si usted o sus representantes consideran que usted no necesita observación, cuidado y tratamiento inmediatos, usted o ellos pueden hacer una petición escrita para una audiencia ante el tribunal. Las copias de dicha petición serán enviadas por el director(a) del hospital al tribunal apropiado y al Servicio Legal de Higiene Mental.

**SERVICIO LEGAL DE HIGIENE MENTAL**

El Servicio Legal de Higiene Mental, una agencia del tribunal no relacionada con este hospital, puede proporcionar a usted y a su familia servicios legales de protección, consejería y asistencia, incluyendo representación con relación a su hospitalización. Usted tiene derecho a ser informado sobre sus derechos relacionados con la hospitalización y tratamiento al igual que a una audiencia ante el tribunal, a ser representado por un abogado y a buscar opinión médica independiente.

Usted o cualquier otra persona actuando en representación suya puede ver o comunicarse con un representante del Servicio Legal de Higiene Mental ya sea por teléfono o escribiendo directamente a la oficina del Servicio o solicitando al personal del hospital que haga tales arreglos por usted.

El representante del Servicio Legal de Higiene Mental de este hospital puede ser localizado en:

**AL PACIENTE ANTERIORMENTE MENCIONADO SE LE HA  
ENTREGADO UNA COPIA DE ESTA NOTIFICACION**

Firma del médico

COPIAS A: Personas designadas por el paciente para ser informadas antes del ingreso. (Si es necesario) escribir "NINGUNO".

Firma

Una copia de esta notificación de estado legal y derechos será también enviada al Servicio Legal de Higiene Mental. Las leyes estatales y federales prohíben la discriminación basada en raza, color, credo, nacionalidad, edad, sexo o discapacidad.



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Form OMH 474 (2-04)

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 08/18/75 34Y M

ADM: 11/03/2009 15:00 03MHSHAL 01

FIC: 19 S

HOVANESIAN, SHUSHAN

**EMERGENCY ADMISSION**  
Section 9.39 Mental Hygiene Law

Fidelity Name

Date of Birth

Last/First In.

**I. General Provisions for Emergency Admission**

- A. In order for a person to be admitted to a hospital according to Section 9.39 of the Mental Hygiene Law, all the following requirements must be met:
1. The hospital must be approved by the Commissioner of Mental Health to receive and retain patients according to this Section.
  2. The person must be alleged to have a mental illness for which immediate observation, care, and treatment in a hospital is appropriate and which is likely to result in serious harm to himself or herself or others. "Likelihood to result in serious harm" means:
    - a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself ("other conduct" shall include the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, provided that such refusal or inability is likely to result in serious harm if there is not immediate hospitalization), or
    - a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.
  3. A staff physician of the admitting hospital must examine the person and find that the person meets the standard for admission under this Section. The physician then completes this Form, OMH 474, Emergency Admissions.
- B. A person who is alleged or appears to be mentally ill may be taken into custody, transported, or removed to a hospital approved to accept emergency admissions, according to the following sections of the Mental Hygiene Law:
- Section 9.41 - Powers of Certain Police Officers and Police Officers, Form OMH 474A/475A, I
  - Section 9.42 - Powers of Courts - Form OMH 485, Civil Order for Removal to Hospital
  - Section 9.43 - Powers of Directors of Community Services, Form OMH 474A/475A, II
  - Section 9.55 - Powers of Qualified Psychiatrists, Form OMH 474A/475A, III
  - Section 9.57 - Powers of Emergency Room Physicians, Form OMH 474A/475A, IV
- C. On admission, the person will be given a written notice of status and rights as a patient admitted according to MHF Section 9.39. This notice will also be given to the Mental Hygiene Legal Service and up to three other persons designated by the person admitted.
- If a person admitted according to this Section is to be retained in the hospital for more than 48 hours, another physician, who is a member of the psychiatric staff of the hospital, must examine the person and confirm the admitting physician's findings by completing page 2 of the form (OMH 474).
- Within 15 days of admission, if it is determined that the person is not in need of involuntary care and treatment, s/he shall be discharged unless s/he is suitable and agrees to remain as a voluntary patient. If the person is in need of continued inpatient care and treatment, and is not suitable or will not agree to remain as a voluntary patient, s/he may be retained beyond 15 days only by completion of an application and two medical examinations as required for admission according to MHL Section 9.27 - Involuntary Admission on Medical Certification.

**II. Record of Admission**

A. The above-named person was brought to this hospital by

Kumar, J. R. M. D. E. M.

Title/Grade No. 125 appropriate

Address

Phone

Relationship to Person

Address of Person

Time of arrival at hospital

MONTH	DAY	YEAR	HOUR	MINUTE	PM/AM
11	03	09	03	03	PM

B. Circumstances which led to the person being brought to this hospital

(If applicable) Person was taken into custody, transported, or removed to this hospital in accordance with MHL Section \_\_\_\_\_

patient is a danger to himself -  
currently psychotic & paranoid. will  
commit further inpatient stabilization

C. I HAVE EXAMINED THE ABOVE-NAMED PERSON PRIOR TO ADMISSION AND FIND THERE IS REASONABLE CAUSE TO BELIEVE THAT THE PERSON HAS A MENTAL ILLNESS FOR WHICH IMMEDIATE OBSERVATION, CARE AND TREATMENT IN A MENTAL HOSPITAL IS APPROPRIATE AND WHICH IS LIKELY TO RESULT IN SERIOUS HARM TO HIMSELF OR HIMSELF OR OTHERS

Physician's Signature

J. R. M. D. E. M.

MONTH	DAY	YEAR	HOUR	MINUTE	PM/AM
11	03	09	03	03	PM

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Form 5010-01 (04-04) page 2

**SCHOOLCRAFT, ADRIAN**  
 M/R: 1298984 PT#: 130381874  
 DOB: 11/1976 34Y M FIC: 19 9  
 ADM: 11/03/2008 15:00 03MH9HAL 01  
 HAWAIIAN CHINESE

**EMERGENCY ADMISSION**  
 Section 2.30 Mental Hygiene Law

**III. Examination to Confirm Need for Extension of En**  
 A. Pertinent and Significant Factors in Patient's Medical and Psychiatric History:  
 34 y.o. male without past y history  
 presented to ER with "paranoid"  
 delusion and admitted for further  
 evaluation

B. Physical Condition (including any special test reports):  
 Stable

C. Mental Condition: The conduct of the patient (including statements made to me by others) has been:  
 Very serious, forthcoming  
 of fact that his symptoms  
 are due to police department  
 control to "get rid of him"

D. The patient shows the following psychiatric signs and symptoms:  
 delusion and paranoid  
 quality delusions

E. Does the patient show a tendency to cause serious harm to himself? ☐ Yes ☒ No to others? ☐ Yes ☒ No

F. Yes ☐ No ☒

G. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

H. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

**IV. Psychiatrist's Confirmation**  
 I have personally observed and examined Schoolcraft Adrian on 11 04 09  
 (Patient's Name) (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (PM/AM)  
 Based on such examination and the case history, I hereby confirm that there is reasonable cause to believe that the patient  
 has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious  
 harm to himself or herself or others. The facts stated and information contained herein are true to the best of my knowledge  
 and belief.  
 I am on the psychiatric staff of Lawrence Hospital James  
 (Signature)



LOCATION: 081X

DATE AND TIME OF ARRIVAL 10/31/2009 23:03

# EMERGENCY MEDICINE RECORD

PATIENT INFORMATION					
PATIENT'S NAME	SCHOOLCRAFT	ADRIAN	PATIENT TYPE	E	PATIENT ACCOUNT NO.
STREET ADDRESS		CITY	STATE	ZIP CODE	PLACE OF BIRTH
87-60 88 P2				11385	1975
FIR. CL.	SEX	RACE	RELIGION	MARITAL STATUS	FATHER'S NAME
01	M	N	N	S	
PRIVATE M.D. NAME OR CLINIC NAME			PARENT COMPLAINT		MOTHER'S MAIDEN NAME, FIRST NAME
MODE OF ARRIVAL		ACCOMPANIED BY	RELATIONSHIP	TELEPHONE NO.	LANGUAGE ENG INTERP. REQ. N
DATE AND TIME OF ACCIDENT		POLICE OFFICER NAME & BADGE NO.	PCT. NO.	REFERRED FROM:	
				<input type="checkbox"/> PMD <input type="checkbox"/> TRUMP <input type="checkbox"/> CLINIC <input type="checkbox"/> PP <input type="checkbox"/> OTHER	
NEXT OF KIN		TELEPHONE NO.	NEXT OF KIN ADDRESS		
GUARANTEE - INSURANCE					
GUARANTOR'S NAME		STREET ADDRESS		CITY	STATE ZIP CODE
WGR					
GUARANTOR'S SOC. SEC. NO.		TELEPHONE NO.	GUARANTOR'S EMPLOYER	ADDRESS	TELEPHONE NO.
PATIENT'S EMPLOYER NAME		STREET ADDRESS		CITY	STATE ZIP CODE
NAME		GROUP NO.		POLICY NO.	
INSURANCE #1:		NAME		GROUP NO. POLICY NO.	
INSURANCE #2:		NAME		GROUP NO. POLICY NO.	
HOSPITALIZED LAST 60 DAYS?		IF YES, WHERE AND WHEN?		PLACE OF ACCIDENT	CRIME VICTIM PCT. NO. CRIME VICTIM COMPLAINT NO.
COMMENTS					
NURSING RECORD					
TIME		B.P.	PULSE	RESP	TEMP
TIME		B.P.	PULSE	RESP	TEMP
MEDICATIONS GIVEN					
OXYGEN GIVEN					
<input type="checkbox"/> EKG INITIALS		<input type="checkbox"/> CARDIAC MONITOR INITIALS	<input type="checkbox"/> IV ANGIO# INITIALS	FLUID	OXYGEN GIVEN METHOD
HEALTH CARE PROXY		<input type="checkbox"/> ADVANCED DIRECTIVES DISCUSSED		HEALTH CARE PROXY DYES	AGENT'S NAME:
RN SIGNATURE					
DATE	TIME	SIGNATURE		MD SIGNATURE	RN SIGNATURE
DATE	TIME	MEDIATION DOSE ROUTE		MD SIGNATURE	RN SIGNATURE

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SCHOOLCRAFT, ADRIAN  
1298984 M DOB: [REDACTED]/1975 34Y F/C: 19 S  
ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874  
HOVANESIAN, SHUSHAN

### CONSENT FOR GENERAL ADMISSION/ EXAMINATION/TREATMENT

I authorize my admission to The Jamaica Hospital Medical Center ("Hospital"). I authorize the Hospital, the attending physicians and dentists or its medical staff, assisted by the House Staff, Nursing Staff, Allied Health Staff (employees of the Hospital) and students (nonemployees), to provide such medical and/or dental care and to administer such routine diagnostic tests and procedures, including but not limited to, diagnostic x-rays; the administration and/or injection of pharmaceutical products and medications; the drawing of and/or administration of blood or other derivatives, as is deemed necessary or advisable in my care.

I understand that the attending physicians managing or participating in my care may not be employees or agents of the Hospital. I also understand that the Hospital is only responsible for the care rendered by Hospital employees and/or agents.

I acknowledge that no guarantees or assurances have been made to me concerning the outcome of treatments or examinations in the Hospital.

I confirm that I have read and fully understand the above.

Patient/Authorized Person:

Signature

Print Name

(If Required)  
Interpreter:

Signature

Print Name

Relationship, if signed by  
person other than patient

Witness:

Signature

Print Name

Date:

\*The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18, incompetent, or is otherwise incapacitated.

J00003 REV 8/06

NOTE: THIS DOCUMENT MUST BE MADE PART OF THE PATIENT'S MEDICAL RECORD.



Department of Psychiatry  
Emergency Division

## Nursing Assessment Form

PT NAME:

SCHOOLCRAFT, ADRIAN  
1298884 M DOB: 11/1975 34Y  
ADM: 11/01/2009 1828 130381874 99  
ALDANA-BERNIER, ULIAN R PSYC

P61

MR#:

AGE:

SEX:

Date: 10/1/09 Time: 9 AM Catchment Area: \_\_\_\_\_

Informant: ☒ Patient ☐ Family ☐ Police ☒ Other: Consultation Services

Name of Informant: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### MODE OF ARRIVAL:

Walk in: ☐ Self ☐ Family ☐ Ambulance ☒ Transfer ☐ Court Remand

Police: \_\_\_\_\_ Badge #: \_\_\_\_\_ PCT: \_\_\_\_\_ Prisoner: ☐ Yes ☒ No

Handcuffs: ☐ Yes ☒ No Other: \_\_\_\_\_

Patient's Chief Complaint: Denies

Circumstances Leading to Admission: BIB/NYPD to client was deemed to be paranoid & a danger to himself by his blood drug

Hospitalization(s) (where): Denies When: N/A

Current Psychiatric or Medical Conditions: Denies

Treatment and/or Medication: Denies

Diabetes: ☐ Yes ☒ No Hypertension: ☐ Yes ☒ No Drug: ☐ Yes ☒ No

Cardiac: ☐ Yes ☒ No Respiratory: ☐ Yes ☒ No Alcohol: ☐ Yes ☒ No

Seizure Disorder: ☐ Yes ☒ No Smoking: ☐ Yes ☒ No

If yes, Explain: \_\_\_\_\_

Skin Conditions - Contusions/Laceration: ☒ Yes Scars

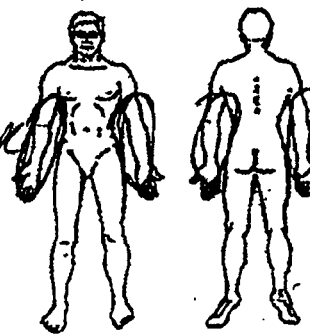
Describe location, size, color, drainage, odor: purple/black

Scars/Rashes: ☐ Yes ☒ No

Describe location, size: \_\_\_\_\_

Allergies/Medication: ☐ Yes ☒ No

Food: ☐ Yes ☒ No



## PHYSICAL EXAM

P62

Vital Signs:

99.0 BP: 139/80  
 P: 115 HT: 6'3"  
 R: 18 WT: 109KG

SCHOOLCRAFT, ADRIAN  
 1238984 M DOB: 1975 34Y  
 ADM: 11/01/2008 182B 130381874 99  
 ALDANA-BERNIER, LILIAN R PSYC

## PATIENT'S APPEARANCE

Appetite:

Sleeping Pattern:

## ATTITUDE/MOOD

☒ Cooperative ☐ Uncooperative ☐ Anxious ☐ Panic ☐ Hostile  
☐ Guarded ☐ Suspicious ☐ Angry ☐ Sad ☐ Tearful  
☐ Elated ☐ Demanding ☐ Seductive

## Speech

☒ Clear ☐ Normal Rate ☐ Sturred ☐ Slow ☐ Rapid  
☐ Mute ☐ Loud ☐ Soft ☐ Shouting ☒ Relevant  
☒ Spontaneous ☐ Incoherent ☐ Abusive/Cursing

Others:

## Thought Processes

☐ Logical/Goal-Directed ☐ Blocking ☐ Rambling ☐ Evasive ☐ Oriented  
☒ Time ☒ Place ☒ Person

## Cognition

☐ Yes ☒ No ☐ Yes ☒ No

*paranoid persecutory  
delusions*

☐ Yes ☒ No

*ask that his supervisor has  
all feelings towards him*

## Hallucinations

☐ Yes ☒ No

Ideation:

## Ideation:

☐ Yes ☒ No

☐ Yes ☒ No

Gestures:

☐ Yes ☒ No

Gestures:

☐ Yes ☒ No

Attempts:

☐ Yes ☒ No

Attempts:

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SCHOOLCRAFT, ADRIAN  
 1288884 M DOB: 1/1973 34Y  
 ADM:11/01/2008 162B 130381674 99  
 ALDANA-BERNIER, LILIAN R PSYC

Pain Assessment Score: (From Triage Form): 0

Dentures ☐ Yes Upper:        Lower:        ☒ No  
 Eyeglasses ☐ Yes ☒ No

**CONDITIONS THAT MAY PLACE A PATIENT AT GREATER RISK DURING RESTRAINT/SECLUSION**

Medical Conditions: None

Physical Limitations: None

Are you currently the victim of physical/sexual abuse? ☐ Yes ☒ No

Were you at any time in the past the victim of physical or sexual abuse? ☐ Yes ☒ No

**RISK ASSESSMENT FOR BEHAVIORAL DISCONTROL**

For Restraints/Seclusion: ☐ Yes ☒ No If yes, specify reasons: ☐ Combative/Violent Behavior ☐ Impulsive Behavior

**FOR RESTRAINT/SECLUSION ONLY**

Do you want your family/significant other to be notified? ☐ Yes ☒ No

Family has agreed to be notified at the initiation of Restraint/Seclusion: ☐ Yes ☒ No

Family has agreed to be notified the following morning regarding a Restraint/Seclusion which occurs after 9:00PM ☐ Yes ☒ No

**PERTINENT FINDINGS**

See Empower

**NURSING PROBLEM(S) / DIAGNOSIS**

See Empower

**PLANNED NURSING INTERVENTIONS**

See Empower

☐ Discharged from Emergency Department ☐ Admitted ☒ Other

Transferred to:

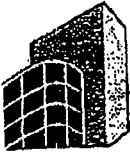
11/1/09

TIME

PRINT

3

SIGNATURE



# JAMAICA HOSPITAL MEDICAL CENTER

## HISTORY & PHYSICAL

SCHOOLCRAFT, ADRIAN  
1288984 M DOB: 1975 34Y  
182B ALDANA-BERNIER, LILIAN R PSYC  
ADM: 11/01/2009 130381874 99

NAME PLATE

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Chief Complaint:

They Brought Me In

Duration:

Private MD?:

Hx obtained from (If other than patient):

Hx of Present Illness - Must include 4 or more of the following elements

Location (Where is problem)  
Duration (How long problem existed)Severity (Scale 1 - 10)  
Timing (When it occurs, how long it lasts)Associated symptoms (Swelling, Redness)  
Contact (Hurts when I...)Modifying factors (Feels better when...)  
Quality of Pain (Sharp, Dull, Stabbing)

34 y/o Male Brought in by NPD because  
they thought he was paranoid and tried a day to  
kill himself

### REVIEW OF SYSTEMS

Experienced/Experiencing  
signs or symptoms?

NO

Constitutional Symptoms  
(fever, wt. loss, etc.)

Eyes

Ears, Nose, Mouth, Throat

Cardiovascular

Respiratory

Gastrointestinal

Genitourinary

Musculoskeletal

Skin and/or Breasts

Neurological

Psychiatric

Endocrine

Hematologic/Lymphatic

Allergic/Immunologic

A ROS is an inventory of ALL body systems obtained through a series of questions to identify signs and/or symptoms which the patient may be experiencing or has experienced.

Denied

PRINT NAME

SIGNATURE

DATE

1 of 4



Prior Major Illnesses and Injuries: ☐ None

SCHOOLCRAFT, ADRIAN  
1288984 KY DOB: 11/1974 34Y  
ADM: 11/01/2008 1828 130381874  
ALDANA BERNICE LIDAN PESSYC  
NAME PLATE

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Denies

Surgical History: ☐ NonePrior Hospitalizations: ☐ NoneCurrent Medications: (Dose, Frequency) ☐ None

CODE

Current Medications - Continued: (Dose, Frequency)

CODE

Risperdal 0.5mg PO BID

C = Continue; D = Discontinue; CH = Change

ALLERGIES (If yes include type of reaction)

X NO KNOWN ALLERGIES

PERTINENT FAMILY HISTORY

Age appropriate immunization status: Pneumococcal (Date: ) Influenza (Date: ) Other:

**SOCIAL HISTORY**

An age appropriate review of past and current activities

Tobacco ☐ None ☐ Quit - When: ☐ Yes  $\Rightarrow$  Packs Per Day X yearsAlcohol ☐ None ☐ Quit - When: ☐ Yes  $\Rightarrow$  Quantity/Frequency/Duration: Substance Abuse ☐ None ☐ Quit - When: ☐ Yes  $\Rightarrow$  Drug: Route: ☐ IV ☐ PO Other (Specify): 

Quantity/Frequency:

Travel History:

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Current Occupation &amp; Hx:

Sexual History:

Level of Education:

ADLs:

Living Arrangements:

Advance Directives: ☐ No ☒ Yes Specify: Signs of Abuse? ☐ No ☒ Yes Specify: 

Heron

Denos

2 of 4

**MULTI-SYSTEM EXAMINATION**  
MUST INCLUDE 9 OR MORE OF THE  
FOLLOWING ORGAN SYSTEMS

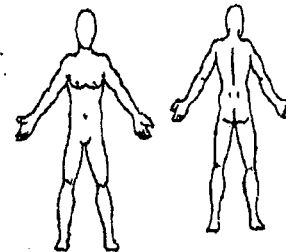
Check "□N" if NORMAL or NEGATIVE,  
otherwise Describe Significant or Abnormal Findings

SCHOOLCRAFT, ADRIAN  
1208984 M DOB: 1/1975 34Y  
ADM:11/01/2009 1625 130381874 89  
ALDANA-BERNIER, LILIAN R PSYC

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NAME PLATE

Constitutional	BP: 124/76	Pulse: 93	Temp: 99.2	Ht:	Wt:	Resp:	SpO <sub>2</sub> :
	□N Appearance Well Appearing Mildly agitated						
Eyes	□N Conjunctivae						
	□N Pupils/Irises						
ENT & Mouth	□N Ears			□N Nose			
	□N Oropharynx			□N Dentition			
Neck	□N Masses			□N Trachea		□N Carotids	
	□N Thyroid			□N JVPs			
Respiratory	□N Inspection			□N Percussion			
	□N Palpation			□N Auscultation			
Cardiovascular	□N Palpation			□N Heart Size		□N Thrills	
	□N Auscultation			□N Murmurs		□N Rubs	
Extremities	□N Pulses			□N Edema			
	□N Inspection			□N Masses			
Chest - Breasts	□N Palpation			□N Discharge			
	□N Tenderness			□N Masses		□N Bowel Sounds	
Abdomen	□N Liver			□N Spleen			
	□N Kidneys			□N Rectal Exam (Stool Guaiac)			
Gastrointestinal	□N Pelvic (if indicated) Cervix			□N Uterus		□N Adnexa	
	□N Discharge			PAP smear (date)			
Genitourinary	□N Prostate (if indicated)						
	□N Inspection			□N Rash			
Skin	□N Palpation			□N Lesions			
	□N Neck			□N Axillae			
Lymphatic	□N Groin			Other:			
	□N R.O.M.			□N Nails			
Musculoskeletal	□N Gait						
	□N Judgment			□N Mood & Affect			
Psychiatric	Mental Status A&O X						
	□N DTRs (e.g. Babinski)			□N Cranial Nerves			
Neurologic	□N Sensory			□N Motor			



PRINT NAME

SIGNATURE

DATE

3 of 4

## LAB X-RAY &amp; EKG RESULTS

WBC: 12.3 <sup>8.6</sup> RBC:  
Hemoglobin: 14.8 Hematocrit: 44 MCV: 87.6 Platelets: 251  
Dif. - Neutro: Lymph: Mono: Eosin: Baso:  
Glucose: 94 Urea Nitrogen: 14 Creatinine: 1 Sodium: 138 Potassium: 4.1 Chloride: 104 CO<sub>2</sub>: 24 Calcium: 9.4  
Total Protein: 8.2 Albumin: 4.7 Bilirubin: 0.6 Alk Phos: 57 AST: 46 ALT: 57 Anion Gap: U/A:  
INR: PT: PTT: ABG-pH: CO<sub>2</sub>: O<sub>2</sub>: HCO<sub>3</sub>: HCG:  $\alpha$ Pos  $\alpha$ Neg  
Other: Lip 55, Amy - 44 RPR - NG  
EKG:

CXR:

CT Scan:

FINDINGS:

Head CT - Normal  
- Well Male  
- First psych. incident

## DIAGNOSIS:

## THERAPEUTIC PLAN:

-- Continue Current psych Treat.  
-- Patient is medically cleared to be admitted to psych. Floor.

Resident (PRINT)

Heron

SIGNATURE

Heron

BEEPER

2953

DATE

1/2/17

TIME

ATTENDING'S IMPRESSION:

☐ I saw and evaluated the patient.☐ I reviewed the resident's findings.

RELEVANT HPI:

RELEVANT PHYSICAL EXAM:

DIAGNOSIS/PLAN: ☐ I agree with the resident's note above

ATTENDING (PRINT)

SIGNATURE

BEEPER

DATE

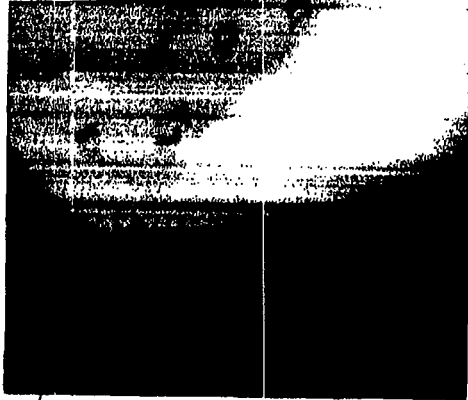
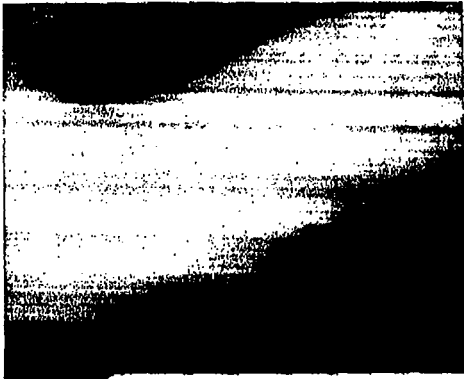
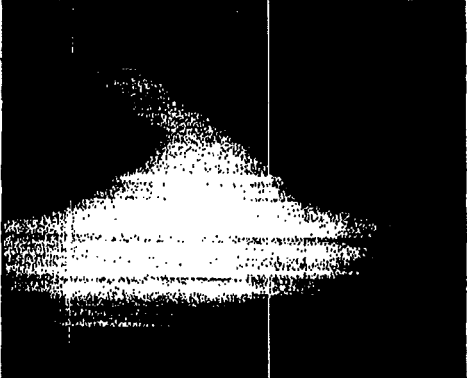
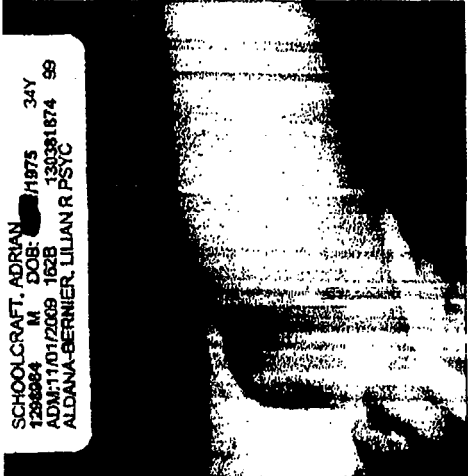
TIME

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**JAMAICA HOSPITAL  
MEDICAL CENTER**  
1800 VAN WYCK EXPWY.  
JAMAICA, N.Y. 11418

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: 1/1975 34Y  
ADM:11/01/2009 162B 130381874 99  
ALDANA-BERNIER, LILIAN R PSYC

**PROGRESS NOTES**

Date	Start	Start RN and all
11/2/09		
<p>SCHOOLCRAFT, ADRIAN 1298984 M DOB: 1/1975 34Y ADM:11/01/2009 162B 130381874 99 ALDANA-BERNIER, LILIAN R PSYC</p>  <p>11/2/09 - left wrist</p>		
11/2/09		
<p>SCHOOLCRAFT, ADRIAN 1298984 M DOB: 1/1975 34Y ADM:11/01/2009 162B 130381874 99 ALDANA-BERNIER, LILIAN R PSYC</p>  <p>11/2/09 Right hand At beddened anterior</p>		
11/2/09		
<p>SCHOOLCRAFT, ADRIAN 1298984 M DOB: 1/1975 34Y ADM:11/01/2009 162B 130381874 99 ALDANA-BERNIER, LILIAN R PSYC</p>  <p># wrist beddened posterior area anterior &amp; anterior</p>		
11/2/09		
<p>SCHOOLCRAFT, ADRIAN 1298984 M DOB: 1/1975 34Y ADM:11/01/2009 162B 130381874 99 ALDANA-BERNIER, LILIAN R PSYC</p>  <p>Left arm bruise</p>		

J7104 478 0017



Department of Psychiatry  
Inpatient Division

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SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 1/1975 34Y M

F/C: 19 S

ADM: 11/03/2009 15:00 03MH0HAL 01

HOVANESIAN, SHUSHAN

**PSYCHOSOCIAL ASSESSMENT****DEMOGRAPHICS**

Age: 34 Sex: M Marital Status: S Race: Caucasian Religion: unknown  
Address: 82-60 88th Pl. Ridgewood, N.Y. 11385

Telephone: (718) 570-6224 Country Of Birth: U.S.

Education: same college Language: English Occupation: police officer

Social Security #: [REDACTED]-[REDACTED]-6997 Income Source: employed

Insurance: Aetna US Healthcare Number: EBM6PBBA

Veteran's Benefits: yes Immigration Information: citizen

Problems Precipitant To Current Admission: ft. was BJB Ems/  
NYPD after his colleagues and superiors  
at the NYPD became concerned about  
his behavior.

Past Psychiatric History/Hospitalization: No known hx.

Outpatient Treatment (name & telephone #) None.

Outpatient Therapist (contact, date & time) None.

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SCHOOLCRAFT, ADRIAN  
 M/R: 1298984 PT#: 130381874  
 DOB: 1975 34Y M F/C: 19 9  
 ADM: 11/03/2009 15:00 03MH9HAL 01  
 HOVANESIAN, SHUSHAN

Family Psychiatric History: None - pt. / family deny.

Substance Abuse History/Treatment: None known.

History Of Violence: None.

History Of Abuse: Pt. denies any hx.

ACS Involvement/Worker & Telephone: No ACS involvement.

PSA Involvement/Worker & Telephone: No PSA involvement.

Work History: Pt. has been a NYC Police Officer for the past 7 yrs. and worked for Motorola before that. He was in the Navy.

Legal History: None.

Living Situation: Pt. lives alone in an apt. in Glendale.

Developmental History: Pt. was born and raised in Texas. Completed H.S. went on to join the Navy, where he served 4 yrs. Pt. then went to college, went to work for Motorola and then moved to N.Y. and joined the NYPD. Never married, no children.



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SCHOOLCRAFT, ADRIAN  
 M/R: 1298984 PT#: 130381874  
 DOB: 1975 34Y M F/C: 19 S  
 ADM: 11/03/2009 15:00 03MH 0HAL 01  
 HOVANESIAN, SHUSHAN

## Name Of Person Living With Or Involved With Patient

Name	Relationship	Telephone #
Larry Schoolcraft	Father	(646) 957-2486

Support System/Relationship History: Pt.'s father is supportive.

Is Religion A Source Of Strength For Patient? NO

Does Patient Wish To See A Clergy? Yes      No       
 If Yes, Date And To Whom Referral Was Made     

Recent Level Of Functioning: Pt. came to the PERC error hospital BY EMS / NYPD after his colleagues and supervisor became concerned about his behavior.  
 Strengths: Domesticated, Employed, Insured, supportive father.

Weaknesses:     

Assessment: Pt. is a 34 year old Caucasian male with no known psych. hx. who was BY EMS and NYPD after his colleagues and supervisors became concerned about his behavior. Pt. is a 7-yr. officer of the NYPD and believes that he knows of a "cover-up" that is going on within the dept. He lives alone, but has a supportive father. During the interview Pt. was calm, pleasant and cooperative. He denied any psych. symptoms, SI or AI or other hallucinations.

(page 3)

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SCHOOLCRAFT, ADRIAN

M/R: 1298884 PT#: 130381874

DOB: 975 34Y M F/C: 18 S

ADM: 11/03/2009 15:00 03MH 9HAL 01

HOVANESIAN, SHUSHAN

Short Term Goals:

Pt. will be ready for d/c.

Long Term Goals:

Pt. will remain stable in the community.

Initial Discharge Plan:

Pt. will return home.

Patient Participation/Agreement With Plan:

Pt. feels that he is not in need of a psychiatric admission at this time, but wants to go home.

Family/Significant Other Contact Person:

Name:

Address:

Telephone #:

(See pg 3)

Is Above Person Willing To Be Involved In Treatment And Discharge Planning?

Yes ☒ NO ☐

Additional Information:

None @ present.

Date

Print Name

Signature

Title

Christine McMahon, LCSW  
Psychiatric Social Worker

Christine McMahon

LCSW

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: [REDACTED] 1975 34Y  
ADM:11/01/2009 182B 130381874 99  
ALDANA-BERNIER, LILIAN R PSYC

# MEDICATION RECONCILIATION FORM

[illegible]

Khwaja Khusro Tariq, MD  
DEA #AT0798061-736

**Signature of ER Physician:**

Khunso Tang

**Signature of Inpatient Physician:**

C:\Documents and Settings\Default User\Desktop\WORLDVARS\Simulation Instructions.doc

Revised (10/97) (1/03) (1/04)

JAMAICA HOSPITAL  
MEDICAL CENTER

## PSYCHIATRIC EVALUATION

☒ ER    ☐ INPATIENT    ☐ CLINIC

DATE: 11/1/09

TIME: 12 P.M.

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 SCHOOLCRAFT, ADRIAN  
 1298884 M DOB: 11/1975 34Y  
 ADM: 11/01/2008 162B 130381874 98  
 ALDANA-BERNIER, LILIAN R PSYC

## IDENTIFYING DATA:

Age: 34	Sex: M	Sexual Orientation:	Race: Caucasian
Marital Status: S	Religion:	Legal Status:	

ALERTS: (List risk factors including danger to self/others, CVL status, physical health conditions/needs, allergies.)

Source of Information:

Patient

Tel:

Tel:

CHIEF COMPLAINTS: (By patient and/or others)

"They just came into my place and handcuffed me". As per accompanying NYPD officers (Sgt James as per ER consult) he has been acting bizarre.

HISTORY OF PRESENT ILLNESS: (Functioning before onset, precipitating factors, interventions tried)

The patient states that he has been reporting irregularities or work to Internal Affairs for over a year. He states that his supervisor, including his immediate supervisor, the Deputy Inspector at 81st Precinct, have been under-reporting crime stats to earn more merit, get promotion and 'make a name'. He reports having documented proof. He states that his supervisor became aware of this which is why he is being persecuted like this. He states that he was misled last night when his landlord let NYPD officers in who 'assaulted' him, including bending his arm, 'stamping lightly' on his face and causing many bruises (bruises are visible on both arms). As per ER consult done earlier today, the accompanying NYPD officer, Sergeant Jim

Contd. overlap - ?

of the 81st Precinct, the patient became agitated and verbally abusive towards his supervisor. He then left and concerned about his condition, several officers followed him home. He barricaded himself in his room and refused to come out so the door had to be broken down. He initially agreed to go with them but once outside he made a run for it and had to be chased and handcuffed. In the medical Ex the patient was agitated, verbally abusive and told the treating M.D. that 'they are all against me'.

Patient denies any recent suicidal or homicidal thoughts. He states he has bouts of anxiety and depression over what has been happening but denies persistent depressive symptoms. No recent manic symptoms elicited. NO hallucinations elicited. Denies any recent substance use.

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SCHOOLCRAFT, ADRIAN  
 1298984 M DOB: 1975 34Y  
 ADM: 11/01/2009 162B 130381874 09  
 ALDANA-BERNIER, LILIAN R PSYC

## PAST PSYCHIATRIC HISTORY:

First psychiatric symptoms: One year ago he was evaluated by an NYPP  
 psychiatrist for 'anxiety'. She recommended 'reading two books' a  
 Hospitalizations: none ☒ yes ☐

Suicide attempts: ☐ yes ☒ no

Violence: ☐ yes ☒ no

Past medication and response: Does any past medication use.

Adverse drug reaction: none ☒ yes ☐

Last O.P.D. Visit:

Therapist: N/A

Tel. No.: N/A

Previous Provider contacted

Yes ☐ No ☐ (Explain)

N/A

## DRUG and ALCOHOL HISTORY (Previous treatments and outcome..)

Does any history of alcohol or other drug abuse.



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SCHOOLCRAFT, ADRIAN  
 1298984 M DOB: 1/1975 34Y  
 ADM:11/01/2009 1628 130351874 99  
 ALDANA-BERNIER, LILIAN R PSYC

**MEDICAL HISTORY:** (Include allergies and medications.)

Never any significant history of medical problems.

**FAMILY HISTORY OF MENTAL ILLNESS:**

Denies.

**BRIEF PSYCHOSOCIAL HISTORY:**

Born in Queens. Raised by biological parents. Single, lives alone. Mother died in 2003 after a protracted malignancy. Has two siblings. Has been working as an NYPD officer for over seven years. His gun was taken from him a year ago after he failed a psychological evaluation.

**CURRENT LIVING CONDITION AND SUPPORT SYSTEM:**

Lives alone in a private apartment. Father is supportive but lives separately. No close friends.

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SCHOOLCRAFT, ADRIAN  
 1298884 M DOB: 4/1975 34Y  
 162B ALDANA-BERNIER, LILIAN R PSYC  
 ADM: 11/01/2009 130381874 99

**MENTAL STATUS:**Appearance and Attitude: *Cooperative at this time.*Psychomotor Motor Activity: *Normal*Mood and Affect: *Stable mood 'angry' affect controlled.*Speech and thought process: *Speech regular rhythm and moderate volume.*

Thought content: (preoccupations, delusions, give verbatim examples.)

*Patient has paranoid and persecutory delusions - he believes he is being persecuted for pursuing his 'superior's' irregularities and corruption.*

Suicidal Ideation: ☒ yes ☐ no Homicidal Ideation: ☒ yes ☐ noHallucinations: ☒ yes ☐ noORIENTATION: (time, place, person, situation.) *A+X3.*MEMORY: (immediate, recent, remote.) *Intact.*ATTENTION AND CONCENTRATION: (serial reverse) *Intact.*ABSTRACTION: (proverbs, similarities.) *Intact.*ESTIMATE OF INTELLECTUAL FUNCTIONING: *Average*INSIGHT and JUDGMENT: *Poor insight and judgment.*

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SCHOOLCRAFT, ADRIAN  
 1298984 M DOB: 1/1975 34Y  
 ADM:11/01/2008 162B 130381874 99  
 ALDANA-BERNIER, LILIAN R PSYC

H.M.S.F. SCORE: N/A

BARS SCORE: 1 2 3 4 5 6 7

ABNORMAL MOVEMENTS: ☐ YES ☐ NO (If "Yes" please fill out AIMS Form.)

DIAGNOSIS:

AXIS I: Psychosis NOS -  
No Schizophrenia, Paranoid Type -

AXIS II: Depressed

AXIS III: Abdominal pain, NOS

AXIS IV: Cannabis at work; dirty fire alarm taken away a year ago

AXIS V: Current: 30 Highest in past 12 months: 45

PROGNOSIS: Guarded

INITIAL TREATMENT PLAN:

PROBLEM # 1: Paranoid delusion

OBJECTIVE: Reduce / eliminate delusion

PLAN: Indicate medication, if any:

PROBLEM # 2:

OBJECTIVE:

PLAN: Indicate medication, if any:

DISPOSITION: Hold and stabilize

Psychiatrist's Name: Khweje Khugro Teriq, MD Signature: Khweje Teriq  
 DEA #AT0798061-736

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## COURSE OF TREATMENT

LAB(S) ORDERED:						One cmt at 11:00 AM Tue PM																
ABNORMAL VALUES:												None										
MEDICATION GIVEN and RESPONSE:												No med										
SIDE EFFECTS/ADVERSE DRUG REACTIONS:																						
UNIT PARTICIPATION IN:																						
a) Individual Sessions:												1	2	(3)	4	5						
b) Group Therapy:												1	2	(3)	4	5						
c) Creative Arts Therapy:												1	2	(3)	4	5						
d) Leisure Activities:												1	2	(3)	4	5						
FAMILY INVOLVEMENT:												Father Support										
CONDITION UPON DISCHARGE (Brief Mental Status)												Good stable										
MEDICATION(S):												No med										
FOLLOW-UP APPOINTMENT:												Behavioral & PM 8 & 11										
FUTURE RESIDENCE:												Home										
Name:												Isak Isakov M.D.										
Signature:												[Signature]										
Date:												11/1/09										

1162203320EAT204198

NEW YORK

MEDICAL CENTER

seq 665 (

NON MEDICATION ORDERS		ALLERGIES:		MEDICATION ORDERS	
Date	Time of order: AM PM			Date	Time of order: AM PM
		SCHOOLCRAFT, ADRIAN MR: 1298984 DOB: 11/19/75 34Y M ADM: 11/03/2009 15:00 03MH9HAL 01 HOVANESIAN, SHUSHAN PT#: 130381874 FIC: 19 S			
PRESCRIBER'S SIGNATURE AND NAME PRINTED				PRESCRIBER'S SIGNATURE AND NAME PRINTED	
Date	Time of order: AM PM	Nurse	DATE/TIME AM PM	Date	Time of order: AM PM
		SCHOOLCRAFT, ADRIAN MR: 1298984 DOB: 11/19/75 34Y M ADM: 11/03/2009 15:00 03MH9HAL 01 HOVANESIAN, SHUSHAN PT#: 130381874 FIC: 19 S			
PRESCRIBER'S SIGNATURE AND NAME PRINTED				PRESCRIBER'S SIGNATURE AND NAME PRINTED	
Date	Time of order: AM PM	Nurse	DATE/TIME AM PM	Date	Time of order: AM PM
		SCHOOLCRAFT, ADRIAN MR: 1298984 DOB: 11/19/75 34Y M ADM: 11/03/2009 15:00 03MH9HAL 01 HOVANESIAN, SHUSHAN PT#: 130381874 FIC: 19 S			
PRESCRIBER'S SIGNATURE AND NAME PRINTED				PRESCRIBER'S SIGNATURE AND NAME PRINTED	

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FUD/V  
Seq 665JAVIERA HOSPITAL  
MEDICAL CENTER

NEW YORK

NON MEDICATION ORDERS		MEDICATION ORDERS	
Date	11/1/2009	Date	11/1/2009
Time of order	1:40 PM	Time of order	1:40 PM
<p>- Hold and stabilize</p> <p>- Vital signs Q shift</p> <p>- Diet: Regular</p> <p>- Labs: CBC, CMP, U/A,</p> <p>- TOR E T/C, TSH, RPK1</p> <p>CT-Scan Head</p>		<p>- Hold and stabilize</p> <p>- Arterial blood gas</p>	
<p>PRESCRIBER'S SIGNATURE AND NAME PRINTED</p> <p><i>[Signature]</i> KINISTO TARIQ, MD</p>		<p>PRESCRIBER'S SIGNATURE AND NAME PRINTED</p> <p><i>[Signature]</i> KINISTO TARIQ, MD</p>	
Date	11/2/09	Date	11/2/09
Time of order	2:15 PM	Time of order	2:15 PM
<p>- Admit</p> <p>- FP clearance</p> <p>REMARKS: SLOW, MD</p> <p>PSYCHIATRIC RESIDENT</p>		<p>- Risperidone 0.5 mg PO</p> <p>BID</p> <p>REMARKS: SLOW, MD</p> <p>PSYCHIATRIC RESIDENT</p>	
<p>PRESCRIBER'S SIGNATURE AND NAME PRINTED</p> <p><i>[Signature]</i> KINISTO TARIQ, MD</p>		<p>PRESCRIBER'S SIGNATURE AND NAME PRINTED</p> <p><i>[Signature]</i> KINISTO TARIQ, MD</p>	
Date	11/3/09	Date	11/2/09
Time of order	1:00 PM	Time of order	1:00 PM
<p>- Risperidone 0.5 mg PO</p> <p>BID</p> <p>REMARKS: SLOW, MD</p> <p>PSYCHIATRIC RESIDENT</p>		<p>- Risperidone 0.5 mg PO</p> <p>BID</p> <p>REMARKS: SLOW, MD</p> <p>PSYCHIATRIC RESIDENT</p>	
<p>PRESCRIBER'S SIGNATURE AND NAME PRINTED</p> <p><i>[Signature]</i> KINISTO TARIQ, MD</p>		<p>PRESCRIBER'S SIGNATURE AND NAME PRINTED</p> <p><i>[Signature]</i> KINISTO TARIQ, MD</p>	
<p>ALLERGIES: NADA</p>		<p>ALLERGIES: NADA</p>	
<p>SCHOOLCRAFT, ADRIAN</p> <p>1238894 M DOB: 1/19/75 34Y</p> <p>ADMA: 11/01/2009 182B 130381874 99</p> <p>ALDANA-BERNIER, LILIAN R PSYC</p>		<p>SCHOOLCRAFT, ADRIAN</p> <p>1238894 M DOB: 1/19/75 34Y</p> <p>ADMA: 11/01/2009 182B 130381874 99</p> <p>ALDANA-BERNIER, LILIAN R PSYC</p>	

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SCHOOLCRAFT, ADRIAN  
1298984 M DOB: 11/1975 34Y  
ADM: 11/01/2009 182B 130381674 99  
ALDANA-BERNIER, LILIAN R PSYC

**MEDICATION RECORD**

258 B

**DIAGNOSIS:** Psychosis Nos

**ALLERGIES:** NKDA

DATE	TIME	DOSE	ROUTE	11/02	11/03	11/04	11/05	11/06	11/07	11/08	11/09	11/10	11/11	11/12	11/13	11/14	11/15	11/16	11/17	11/18	11/19	11/20	11/21	11/22	11/23	11/24	11/25	11/26	11/27	11/28	11/29	11/30
11/21/09	0700	Risperdal 0.5mg	PO	X	*	*	*	*																								
	0700	BID		SP	*	*	*	*																								



## MEDICATION RECORD

ORDER DATE	EXP. DATE	MEDICATION, DOSAGE, FREQUENCY, ROUTE	OBSERVATIONS
11/1/09	11/10	Haldol 5mg q AM Plasma sent for agitation	Date Time Init.
11/1/09	11/7	Clozapine 2mg q AM Plasma sent for agitation	Date Time Init.
			Date Time Init.
			Date Time

[illegible]

UNTESTED FIELD MEDICATIONS			
DATE	TIME	TESTED	RESULT
10/1	5p	Risperdal 0.5mg at 5p	PT refused MD refused
11/2	9p	Risperdal 0.5mg	PT refused
11/3	5p	Risperdal 0.5mg	PT refused
11/4	9p	Risperdal 0.5mg	PT refused
11/5	9p	Risperdal 0.5mg PO AM	PT refused

			RN	J J	K
Mrs Mabel			RN	J J	K
Ms Marvin Burton				Dill [Signature]	CW
				OCTO ON in Louisa Co VA	

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**Jamaica Hospital Medical Center**  
**PATIENT/FAMILY TEACHING RECORD**  
Multidisciplinary - Inpatient Adults

SCHOOLCRAFT, ADRIAN  
 1298984 M DOB: 1/1975 34Y  
 ADM: 11/01/2009 102B 130301874 99  
 ALDANA-BERNIER, LILIAN R PSYC

Factors/barriers that may influence patient's ability, needs and readiness for learning:

- ☐ None ☐ Hearing/vision/speaking impairment  
☐ Culture ☒ Cognitive/physical limitation  
☐ Language barriers ☒ Psychological/emotional factors  
☐ Motivation ☒ Religious/spiritual practices

Person involved in teaching: ☐ Patient ☐ Patient & family ☐ Significant other ☐ Family & caregivers

Topics	Date Initiated/ Initial	Patient/patient/caregiver will verbalize/demonstrate understanding of:	Teaching Method	Evaluation	Reinforced			Education material provided
					Date	Initial	Evaluation	
General Patient Education	11/1/09	Reason for admission	1	11/6	(initials)			<input type="checkbox"/> Handout/ pamphlet
		Hospital & unit policies/Routine						
		Patient rights & responsibilities						
		Advance directives						
		Pain management						
		Hospital resources available to patient						
		Hygiene & grooming						
	11/1/09	Religious/Spiritual services avail.	1	11/6	(initials)			
	11/1/09	Discharge Planning	1	11/6	(initials)			
Special Procedure/ Diagnostic Test								<input type="checkbox"/> Handout/ pamphlet
Medical Equipment								<input type="checkbox"/> Handout/ pamphlet  <input type="checkbox"/> Glucometer & Diabetic kit <input type="checkbox"/> Asthma kit
Health Information		Mammogram/Breast self exam						<input type="checkbox"/> Handout/ pamphlet
		PAP Test						
		Prostate screening/testicular self exam						
		Smoking cessation						
		Pneumonia/Flu Vaccine						

Initial	Signature	Title	Initial	Signature	Title
(initials)	(signature)	(title)	(initials)	(signature)	(title)

22815-FORM 129



**Jamaica Hospital Medical Center**  
**PATIENT/FAMILY TEACHING RECORD**  
**Multidisciplinary - Inpatient Adults**

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SCHOOLCRAFT, ADRIAN  
 1298984 M DOB: [REDACTED]/1975 34Y  
 ADM:11/01/2009 182B 130381874 99  
 ALDANA-BERNIER, LILIAN R PSYC

Topics	Date Initiated/ Initial	Patient/family/caregiver will verbalize/demonstrate understanding of:	Teaching Method	Evaluation	Reinforced			Education material provided
					Date	Initial	Evaluation	
Diagnosis/ Condition								<input type="checkbox"/> Handout/ pamphlet
Medications		Food/Drug Interaction (Dilantin, Coumadin, Tetracycline, Glucocort, MAO); Drug/drug Interaction Effects and side effects of:						<input type="checkbox"/> Handout/ pamphlet
Diet/Nutrition		NPO Regular diet Low Sodium diet Diabetic diet Fluid restriction Renal Diet Dysphagia diet						<input type="checkbox"/> Handout/ pamphlet
Relax/ Activity		Use of Creative Arts Therapy w/ African Dancer/Historian Emotional Regulation and Coping Skill development	11/6/11	11/6/11	11/6/11	11/6/11	N/A	<input type="checkbox"/> Handout/ pamphlet
Other		Pressure Ulcer Care/Skin care CHF: Monitoring of weight at home Infection Control						<input type="checkbox"/> Handout/ pamphlet
Resources								<input type="checkbox"/> Handout/ pamphlet

**Evaluation:**

- A. Identifies key points
- B. Verbalizes understanding
- C. Returns demonstration
- D. Performs skill independently
- E. Applies knowledge
- F. No evidence of learning
- G. Medication Effectiveness

\* See progress notes

**Teaching Methods:**

- 1. Explanation
- 2. Demonstration
- 3. Role play
- 4. Audiovisual
- 5. Handout
- 6. Group discussion

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**JAMAICA HOSPITAL  
MEDICAL CENTER**

 8000 VAN WYCK EXPWY.  
JAMAICA, N.Y. 11418

SCHOOLCRAFT, ADRIAN

1288984 M DOB: 01/1975 34Y

162B ALDANA-BERNIER, LILIAN R PSYC

ADM: 11/01/2009 130381874 99

**PROGRESS NOTES**

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
11/02/09	PG# 2 note	
2:15 PM	Pt seen and examined today. Pt remains calm, withdrawn but not violent or aggressive. Pt is guarded and not cooperative. Pt keeps saying that he doesn't know why they came to his room and forced him to go to hospital. Pt doesn't know why he can't carry the gun saying that "they (his supervisor) did it to him" but he said "I don't know" He denies D/V allegations. A/P Admit	
		RN
		RENATA DUDZICZ-SLOWIK, MD PSYCHIATRIC RESIDENT
11/2/09	3 <sup>rd</sup> patient is still complaining of pain in right RL wrist; status was much better 2 hours yesterday. Denies noted in it times aspect of pain & minimize area of bruise. When asked RL arm with wrists, with red marks & believe this is a set up, & would like a lawyer. Internal affairs would like to interview him & he agreed. Made aware of nursing unit rules, but wanted to go home. Have to follow.	

SEQ 624 F0127

 LILIAN ALDANA-BERNIER, M.D.  
ATTENDING PSYCHIATRIST

Sgt. Brennan  
Sgt Frost

SCHOOLCRAFT, ADRIAN  
1298984 M DOB: [REDACTED] 1975 34Y  
182B ALDANA-BERNIER, LILIAN R PSYC  
ADM: 11/01/2009 130381874 99

Internal Affairs Bureau  
Brooklyn North  
Group 31

315 Hudson Street  
New York, New York 10013

Time	Here	Here
		PBY 2 Note
11-02-09 5:00PM		Pt has been interviewed by Sgt Brennan and Sgt Frost by Internal Affairs Bureau.
		Javaldia Yazdani, MD Psychiatric Resident
11/02/09 9:30pm	max note:	Patient has been seen and interviewed by Detective Steven P. Wachter and Sgt. Scott from Internal Affairs Bureau. Shushan Movassarian, MD
		Steven P. Wachter Detective Sgt. Scott Internal Affairs Bureau Special Investigations Unit Police Plaza 12th Floor New York, NY 10038 Tel.: (800) PRIDE PD Fax: (212) 748-6800 E-mail: IAB-SIU@verizon.net
		Shushan Movassarian, MD Psychiatry Attending
11/6/09 10:00AM		Pt has not expressed interest in participating in CAT groups despite being approached and encouraged. Gabriela Porras MA, CAT-Limited Wa. GABRIELA PORRAS



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**JAMAICA HOSPITAL  
MEDICAL CENTER**

8900 VAN WYCK EXPRESSWAY, JAMAICA, N.Y. 11418

**PROGRESS NOTE**

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 1/1975 34Y M

F/C: 19 S

ADM: 11/03/2009 16:00 03MH9HAL 01

HOVANESIAN, SHUSHAN

**Case Management Initial Assessment Note****Summary of Admitting Problems:**

32 y/o single w/ a B1B MPO of 81th precinct, in handcuffs  
 brought in on 12/20/09 on NYQUIK. abdominal pain, tenderness  
 cutting across. Denial about his supervisor, argument  
 towards his supervisor. left workplace & participated himself in his own  
 arrest.

Name: Jerry Schoolcraft Relationship: father Phone #: 646-957-2486  
 Name: Shushan Relationship: mother Phone #: 646-957-2486

Functional ADLs: independent ADLs

Prior to Admission: independent ADLs

At Present: independent ADLs

**Communication:**

Language Spoken: English Interpreter Needed: ☐ Yes ☒ No

Hearing Loss: ☐ Yes ☒ No

**Financial Resources:**

Insurance Coverage: Aetna (ms health care) Policy #: B1B MPO BPA

Additional Resources: Initial Review provided to Dana of Aetna @ 1-800-424-4047. The case is authorized to A+

Health Care Prior to Admission: 086654250000, the case is certified

Home Care: ☐ Yes ☒ No

Name of Agency: from 11/3/09 through 11/6/09

SNF: ☐ Yes ☒ No

Name of SNF: Aetna @ 1-800-424-4047

Is there a need for a skilled nursing facility or home health care: ☐ Yes ☒ No

Case Manager: Shushan R. M. Date/Time: 11/2/09

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**JAMAICA HOSPITAL  
MEDICAL CENTER**

 6900 VAN WYCK EXPWY.  
JAMAICA, N.Y. 11418

**PROGRESS NOTES**

 SCHOOLCRAFT, ADRIAN  
M/R: 1298984 PT#: 130381874  
DOB: 1975 34Y M FIC: 19 S  
ADM: 11/03/2009 15:00 03MH9HAL-01  
HOVANESIAN, SHUSHAN

298984

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
11/3/09		<p>Focus: Admission Assessment.</p> <p>Data: 34 yo, L, M. Dx. Psychosis NOS, transferred from MER → PER P Tx for Abd discomfort after taking Nyquil. Police officer who had an argument with his s/vision, went home and barricaded himself in his apt. Suspicious, guarded and paranoid his s/vision are after him. Failed his Psych Assessment for NYPD.</p> <p>Action: Orientated to the unit. Assessed for pain or discomfort. Answered questions regarding hospital. Response: Calm Co-operative. Denies Alth or S/I. Reports he should not be hospitalized since no pain or discomfort. Asking to visit today.</p> <p>Will inform MD. Therapist on Social Work Admission Note.</p> <p>Met c pt. this afternoon for initial psychosocial assessment. A. is a 34 year old Caucasian male c no known psych. hx who was BIPB NPD to the MER after his precinct (87th</p>
11/3/09 4:35pm		

SEQ 624 F0127

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**JAMAICA HOSPITAL  
MEDICAL CENTER**  
JAMAICA N.Y. 11418

**PROGRESS NOTES**

SCHOOLCRAFT, ADRIAN

M/R: 1298984

PT#: 130381874

DOB: 1/1975 34Y M

F/C: 19 S

ADM: 11/03/2009 15:00 03MH 0HAL 01

HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
11/3/09 4:35 pm		<p>Social Work Admission Note: Pt. in Brooklyn apparently contacted EMU concerns about his behavior. (It is a police officer for the past 7 years &amp; NYPD. He is insured and lives on his own in an apt. in Queens. He reports that his father, who lives upstate is his only family here. He was and cooperative during the interview - pleasant and appropriate. He has having a psych. ht. the psych. problems and believes that he is not here for just reasons - that now that the NYPD has come to know what he knows about the cover-up, they are trying to stem error by that he has a mental illness. Pt. no longer has access to his gun and reports that he was placed</p>



8900 VAN WYCK EXPWY.  
JAMAICA, N.Y. 11418

HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
11/3/9 4:35 p.m.		<p>Social Work Admission Note  an "Admin" duty for the past  6 mos. When asked what  he will do if he has lost his  job, he says he plans to  return to Texas, his home  state, and start over there.  He denied feeling depressed  denied any anxiety or  manic sx. Denied S/P. HT  or H/V. Mother had hallucinations  @ present. He contacted  his father (Camp Scholcraft  (646) 957-2486 who reports  that he has no psych. h/o.  He believes his son is  said he will be coming to  meet the TX team from  </p> <p>Christine McMahon, LMSW  Psychiatric Social Worker</p> <p>Christine McMahon  LMSW</p>

~~Christine McMahon, LMSW~~  
~~Psychiatric Social Worker~~

Christine McManis

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**JAMAICA HOSPITAL  
MEDICAL CENTER**  
JAMAICA, N.Y. 11418

**PROGRESS NOTES**

SCHOOLCRAFT, ADRIAN  
MR: 1298984 PT#: 130381874  
DOB: 1/1975 34Y M F/C: 19 S  
ADM: 11/03/2009 15:00 03MH9HAL 01  
HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
11/3/09		Focus: Altered Thought Process.
9:50pm		Data: Patient is visible on the unit, he is guarded, suspicious and socially withdrawn. Pt. refused ordered medication, he denies SI/HI or hallucination.
		Action: Monitored Pt's behavioral pattern, encouraged verbalization of thoughts and feelings and provided positive feedback. Re-enforced the importance of medication compliance, attended to Pt's needs and maintained a safe, structured environment.
		Response: Pt. remains guarded, he verbalizes his needs appropriately. Will continue to monitor behavior. — Senior RN
11/4/09		2- Altered thought process.
6:55A		2- Pt was in bed already asleep at shift change, he has slept since that time, in no visible acute distress.
		4- Monitored through the night for any mood/behavior change, sleep pattern, offer support as needed, encourage verbalization of thoughts/feelings, provided structured therapeutic environment, continued reality testing, ensure safety.
		R- Pt is in bed still asleep at time of reporting. Will continue to monitor. — Phillips / LCN





## PROGRESS NOTES

SCHOOLCRAFT, ADRIAN

1298984 M DOB: [REDACTED] /1975 34Y FIC: 19 S

ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874

HOVANESIAN, SHUSHAN

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Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/4/09	Psychiatrist admission note	
2pm	Pt is a 34 yo. W. single male	
	Police officer without past psychiatric	
	history not on any psychotropic	
	meds. No current or previous	
	history of drug or alcohol abuse	
	He stated that he is working in police	
	department for ~ 6 years and	
	from the beginning of his career he	
	was not "happy" with "how the	
	business was "run" and was making	
	multiple complaints that was not	
	"addressed" Instead he was "degraded"	
	emotionally "unstable" and his gun	
	was taken away from him ~ 6 mos	
	ago after psychiatric evaluation	
	by police psychiatrist. Since then	
	he started to collect the "evidence"	
	to "prove his point" and become	
	suspicious that "they are after	
	him". On the day of admission	
	he had verbal altercation with	
	one of the officers who was	
	"threatening" him and he left	
	his job before his shift was	

over with excuse that he is not  
qualified to do it

FORM NO. J00004





## PROGRESS NOTES

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SCHOOLCRAFT, ADRIAN

1298984 M DOB: [REDACTED] /1975 34Y F/C: 19 S

ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874

HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
(Cont) 11/4/09 2pm	He came home took "Mylisquin" and fell asleep. He was woken up by police officers in his b/room and was asked to come with them to precinct after he refused to go voluntarily and complain on stomach pain and k/a pt was handcuffed and brought to ER of JHMC by EMS. He was interviewed by ER attorney and psychiatrist and after medical clearance transferred to YER with ? Psychosis NOS Admitted to Y3 on 11/3/09 for further evaluation In evaluation today pt anxious, suspicious, guilted, demanding to be OK and restless. He denied SE/NE denied V/A/As Experiencing ? paranoid guilty ideas about corruption and cover ups in precinct Cognition and memory intact X and I trusted Re Psychosis NOS No Adjustment Dis 5 anxiety	

Visit at home selected  
1/4/2010  
AK ISAKOV M.D.  
20352DEA7204198

FORM NO. J00004



**JAMAICA HOSPITAL  
MEDICAL CENTER**  
8000 Van Wyck Expressway Jamaica, NY 11418

# PROGRESS NOTES

SCHOOLCRAFT, ADRIAN

1288984 M DOB: 1975 34Y FIC: 19 S

ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874

HOVANESIAN, SHUSHAN

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Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
11/4/09 11 AM		<p>FOCUS: Att Thought Process</p> <p>Data: Observed pt in his room lying near his bed writing. Pt keeps mostly to himself, minimal interaction with staff or peers.</p> <p>Refused morning medication of Risperdal 0.5mg. Continues to be guarded &amp; suspicious. Over alert or H. ———</p> <p>Action: Maintained in a calm role and therapeutic environment. Encouraged pt to attend unit groups and activities. Applied for concerns. ———</p> <p>Response: Refuses group. No elaboration on why. Warden guarded. Will continue to monitor. Therapeutic by ———</p>
11/4/09 10:00 PM		<p>F: Altered Thought Process</p> <p>D: Pt is seen on the unit. He is mostly guarded and interacts poorly unless prompted or engaged by staff. He continues to refuse his PO meds states: "I don't take medications."</p> <p>A: Benefits and side effects of the medications explained to pt. Encouraged expression of thoughts and concerns.</p> <p>R: Calm and responsive. ———</p>

FORM NO. J00004



**JAMAICA HOSPITAL  
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8800 Van Wyck Expressway Jamaica, NY 11418

**PROGRESS NOTES**

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SCHOOLCRAFT, ADRIAN

1298984 M DOB: [REDACTED] 1975 34Y F/C: 19 S

ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874

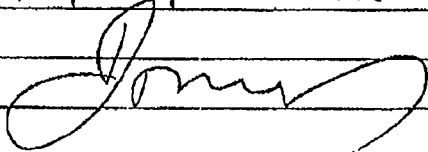
HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here	Start RN and all Other Notes Here
11/5/09 12:50 pm		<p>Focus. - Altered thought process.</p> <p>Data. - Pt is more cooperative and less guarded at this time. He agreed to talk to me for several minutes. He refused morning meds, but is interacting with staff and peers more frequently. No major physical or emotional distress is noted on him. He continues writing in a little notebook.</p> <p>Actions. - Pt encouraged to express feelings and concerns, and also take meds. Pt needs fulfilled.</p> <p>Response. - Pt is more interactive and cooperative, but remains refusal in regard to meds.</p>
11/5/09 3pm	Psychiatrist with	<p>Pt is calm and more cooperative today. Denied appropriately pressured. Able to communicate appropriately. Reiterated his story again and still wanted to free legs against his restraint. Not expressive any physical threats to any body and not expressive.</p>

threats to any body and not expressive

FORM NO. J00004

SCHOOLCRAFT, ADRIAN  
1298884 M DOB: [REDACTED]/1975 34Y F/C: 19 S  
ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874  
HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
(cont) 3pm 11/5/09	<p>Denial via AM Not taking any psychotropic meds and not exhibiting psychotic behavior or thoughts He met a MSL and requested to be d/c. Pt refused to give permission to speak with psychiatrist who contacted him in 4/2009 but was able to provide the nature of his interaction with psychiatrist He was offered to go to psychotherapy and educate himself regarding stress tolerance. Pt has an intent to see psychiatrist and provided with the name of psychiatrist that he wanted to see Will plan to contact psychiatrist regarding appointment and work on D/c</p>	<p>Isak Isakov M.D. 220352DEA7204196</p> 



**JAMAICA HOSPITAL  
MEDICAL CENTER**  
6900 Van Wyck Expressway Jamaica, NY 11414

**PROGRESS NOTES**

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SCHOOLCRAFT, ADRIAN

1298984 M DOB: 01/1975 34Y F/C: 19 S

ADM: 11/03/2009 15:00 03MH 9HAL 01 130381874

HOVANESIAN, SHUSHAN

Date & Time	Start MD Notes Here ←	Start RN and all Other Notes Here ←
11/26/09 5:50am		<p>⊕ Altered Thought Process</p> <p>⊕ Pt. is calm, sitting at the lounge. He's been awake since early today. on hourly obs for safety, reported no C/O Pain / Discomfort</p> <p>⊕ Assisted Pt. is needed. Provided emotional support. Advised to call for help as needed. Maintained Safety and therapeutic milieu. Made hourly rounds and monitored Pt. for behavior changes</p> <p>⊕ Pt. remains calm, awake, sitting at lounge. Will continue to monitor — Olym Ross —</p>
11/26/09 10am		<p>Psychiatrist with</p> <p>Pt. compliant &amp; rules in the unit he is calm</p> <p>Not in emotional distress</p> <p>Not suicidal now</p> <p>Very appropriate in interaction</p> <p>Denial of guilt Denial of illness</p> <p>Not expressing suicidal ideation and not making any threats</p> <p>Will be able today after appointment with Y &amp; J</p>

Isak Isakov M.D.  
LIC220352DEA7204198

FORM NO. J00004

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SCHOOLCRAFT, ADRIAN

MRN: J1298984